

**Kansas Title V
Maternal and Child Health Services
Block Grant
2015 Application / 2013 Annual Report**

**Executive Summary of Public Input
On the Maternal and Child Health Services**

July 2014



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Kansas Title V Maternal and Child Health (MCH) Services Block Grant 2015 Application/2013 Annual Report

Executive Summary of Public Input on the MCH Services

This executive summary summarizes the public input received by the Kansas Title V Maternal and Child Health (MCH) - Bureau of Family Health (BFH), Kansas Department of Health and Environment (KDHE) during the development of the 2015 Application/2013 Annual Report of the federal Title V Maternal and Child Health Services Block Grant. The purpose of this annual/ongoing survey is to collect information, opinions, and perspectives from consumers and partners across the state who are informed of and concerned about the needs the MCH population, established services and resources, and existing factors that affect the implementation of policy and programs (<http://www.kdheks.gov/c-f/mch.htm#input>).

Public Input

Public input is a required component of the annual MCH Block Grant application process. Following the MCH Block Grant federal review in fall 2013, the public input survey was revised/developed to collect ongoing input on services, emerging issues, needs, and concerns. In 2014, the Kansas Title V Maternal and Child Health - Bureau of Family Health (BFH) continues to initiate new strategies to solicit public input for the 2015 Application/2013 Annual Report. MCH staff developed resources including an Executive Summary which orients the readers to the MCH Block Grant, highlights key programmatic themes and data points, provides specific examples of MCH program activities, and encourages comment concerning the document itself. The resources are available on the BFH website in order to stimulate thinking related to MCH issues and assist in responding to the survey (<http://www.kdheks.gov/c-f/mch.htm>).

Public Input period

November 20, 2013 – May 15, 2014

Methods

The following methods were employed to solicit public input.

- 1) An email was sent by the Title V Director to Kansas MCH partners (a complete list is included as Appendix A).

“Dear Kansas Maternal and Child Health Partner:

As Director of the Kansas Title V Program, it is my pleasure to request your input related to Kansas Title V Maternal and Child Health (MCH) Services, a federal-state partnership/block grant administered by the Kansas Department of Health and Environment, Division of Public

Health, Bureau of Family Health. Whether you are a parent, government official, advocate, or member of the general public, the MCH Block Grant likely touches your life. Its success lies in the strength of partnerships and collaborations to maximize reach and promote efficiency.

Please complete this survey related to statewide MCH programs and services: <https://www.surveymonkey.com/s/RDCSLIJ>. In order to ensure that your comments are reviewed and incorporated into the 2015 Application/2013 Annual Report, we ask that you complete the survey by **May 15**. Your input is needed to assure the MCH Program is guided by the needs of Kansas families and MCH priority populations: women of reproductive age, pregnant women, mothers, infants, children, adolescents, and individuals with special health care needs. Please feel free to forward this message and survey link. Questions should be directed to Jamie Kim at jkim@kdheks.gov.

Resources to increase your knowledge about the Kansas Title V MCH Block Grant and state's priority issues for 2011-2015 are available on the Bureau of Family Health website: www.kdheks.gov/bfh (direct link to MCH Block Grant website: <http://www.kdheks.gov/cf/mch.htm>).

Thank you for your dedication and commitment to working together for a healthier Kansas.”

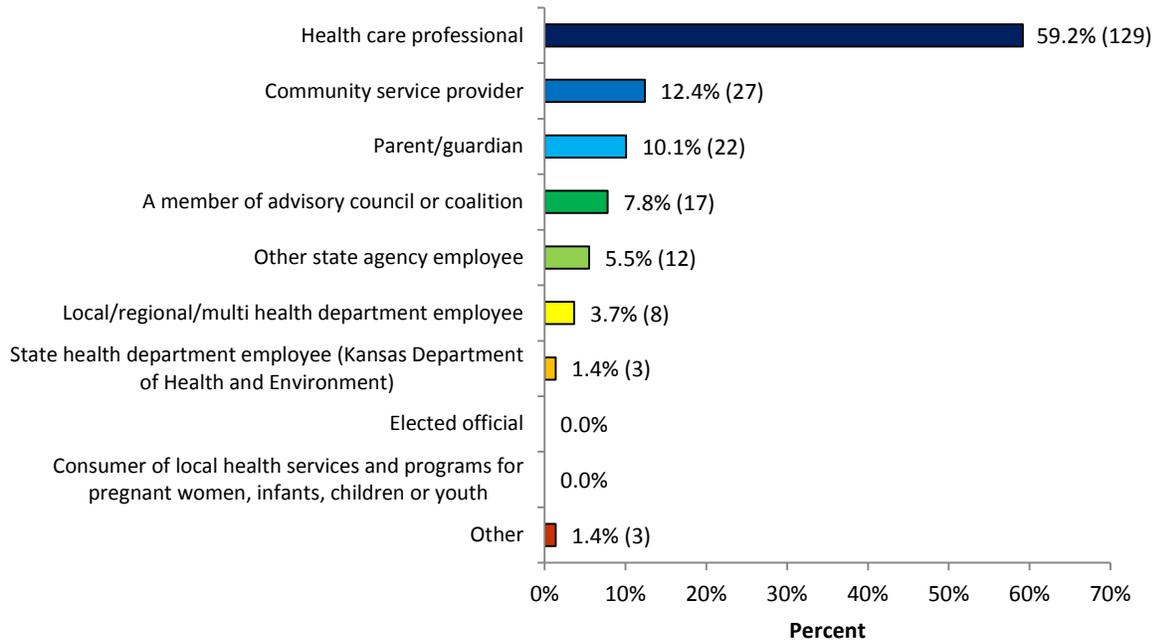
- 2) The survey link was posted on the BFH website.
- 3) Postcards were made and distributed at vendor booths, conferences, meetings, other forums.
- 4) Announcements were posted online, via social media, and in newsletters.

Results

A total of 222 responses were received. More than half (56.4%) were a parent/guardian of a child age 0-21. About a sixth (17.2%) indicated that they were a parent/guardian of a child with special health care needs (any age).

Participants were asked to select their primary role as a respondent (selecting multiple categories, if appropriate). The majority of respondents were a health care professional (59.2%), followed by community service provider (12.4%) and parent/guardian (10.1%). Figure 1 shows the categories of respondents.

Figure 1. Respondents to Public Input Survey



Total = 221 Responses*

*One respondent did not submit an answer to this question.

Other respondents included:

- Not for profit employee
- Independent contractor
- Health philanthropy

Key Findings

Kansas Title V MCH Program serves specific maternal and child populations including:

- Reproductive age women (15-44 years of age)
- Pregnant adolescents and women
- Newborns and infants (birth to 1 year of age)
- Young children (1-5 years of age)
- Children (6-11 years of age)
- Youth and adolescents (12-18 years of age)
- Children with special Health care needs (birth to 11 years of age)
- Youth with special health care needs (12-26 years of age).

The following emerging issues, concerns, unmet needs and program/policy implications were identified by population:

- **Reproductive age women (15-44 years of age)**
 - **Emerging issues:** Social issues (i.e., mental health, sexual-related issues, wellness, tobacco, alcohol and substance abuse), increased need for translation services, prenatal care for undocumented population, need for preconception health care services/education and prenatal care services/education, parenting education, affordable health care insurance, sex education in schools, substance use and alcohol education, increase care coordination resources
 - **Concerns:** Fragmented health care system and lack of community supports/resources, obesity, health literacy, dental care doesn't see many on Medicaid or undocumented/without dental insurance
 - **Unmet needs:** Affordable birth control for teens and those with mental health concerns/developmental disability diagnosis, basic oral health care, mental health care and domestic violence resources, wellness care, contraception, healthy relationships, alcohol and substance abuse supports, lactation support and education, adequate/affordable dental health insurance, smoking cessation, reproductive counseling, parenting education, well child care/dental care for children, rest and proper exercise for over tired parents (especially of newborns—single-parent and parents working full time), access to health care and reproductive services in rural areas, sex education in schools
 - **Program/policy implications:** Threats to the availability of comprehensive reproductive health care services/availability of these services for women using a “one stop shopping” model of care, sex education in schools

- **Pregnant adolescents and women**
 - **Emerging issues:** Early prenatal care, healthy relationships and child birth/parenting education, breastfeeding education and support, prenatal care education, nutrition education
 - **Concerns:** Access to adoption services/education
 - **Unmet needs:** Education on postpartum issues (breastfeeding, body changes, hormones, postpartum depression/mood disorders), teen parenting supports, support groups for single moms, neonatal care for those without established relationship with medical services, importance of high school graduation, child/family safety, financial and other supports, transportation assistance/resources, child care services, adequate housing, stable relationships, car seats for newborn to infant to child transitions
 - **Program/policy implications:** Perceived need for more education related to prenatal care and its importance

- **Newborns and infants (birth to 1 year of age)**
 - **Emerging issues:** Parenting education, growth and development, newborn care in home, developmental screenings, quality child care, education on genetic testing benefits
 - **Concerns:** Cost of quality child care/transportation/medical services, etc., appropriate parent-child bonding
 - **Unmet needs:** Safe, quality, and affordable child care/infant care, access to primary care, care coordination, breastfeeding education/supports, developmental screenings, parenting education, early childhood mental health, healthy relationships, transportation to other cities for specialized care, parental education on child development, access to mental health services, formula overfeeding/feeding cues, speech and language supports, newborn care education, timely immunizations, postpartum depression education for parents, routine well child checks according to American Academy of Pediatrics (AAP) or Early Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines, functional support systems for families in rural areas, availability of in-home nursing care, access to adequate nutrition and home life, affordable services for middle-income families (those not qualifying for income-based programs), parent education on Sudden Infant Death Syndrome (SIDS) and child safety issues/first aid, addressing needs of families in crisis, parent support, socialization needs
 - **Program/policy implications:** More interaction/integrative activities with the Child Care Licensing (CCL) program and the Kansas Department for Children and Families (DCF)

- **Young children (1-5 years of age)**
 - **Emerging issues:** Timely immunizations, parenting education, nurturing environment and healthy families, developmental screenings, growth and development, early childhood mental health, resources and providers in rural areas
 - **Concerns:** Working with families without sufficient income to provide necessities
 - **Unmet needs:** Vision health and school health services, preschool availability, access to: affordable health and dental care, clean/safe housing, safety needs, parenting education, healthy foods, immunization education/services, healthy family relationships, developmental screenings, home safety toolkits to adequately and reliably make assessments, parenting support and mental health services, social/emotional health screenings, quality child care, healthy diet/lifestyle education, more resources for rural areas, information on referral resources, neglect/abuse monitoring and support, car seats, safe equipment and developmentally appropriate toys
 - **Program/policy implications:** Workforce development in these areas for workers at the community level

- **Children (6-11 years of age)**

- **Emerging issues:** Wellness, timely immunizations, parenting education, behavioral mental health, nurturing environment and healthy families, health literacy, sex education, ability to meet basic needs, nutrition related to obesity concerns, bullying prevention, standardized set of basic health and social service needs screenings, affordable health/dental/mental health services, access to care coordinators for those with special needs/chronic conditions
- **Concerns:** Exposure to tobacco and illegal substances, screen time taking place of parental involvement, quality affordable child care, abstinence education
- **Unmet needs:** Quality affordable child care, primary care, nutrition, healthy relationships/parenting education, mental health, wellness, immunizations, after school care, support services for children with health needs, parental health literacy, ability to meet basic needs of families, basic sex education, transportation, medical and dental care, well child checkups, bullying, routine screenings for health and social service needs, vision care services, childhood safety/injury prevention focus, affordable insurance for uninsured population, safe and clean environment/housing
- **Program/policy implications:** Work with systems that address mental/behavioral health and substance abuse issues, work with the Child Care Licensing (CCL) program to look at child care issues, affordable insurance for the uninsured

- **Youth and adolescents (12-18 years of age)**

- **Emerging issues:** Tobacco, alcohol and substance use, behavioral and mental health, preventing sexually transmitted diseases, reproductive health education, bullying
- **Concerns:** Access to contraceptives without parental permission, abstinence education, transitions to adult care for those with specific needs
- **Unmet needs:** Sexual/reproductive health services/education, primary care, health/personal hygiene/safety education, sexually transmitted infections (STIs) prevention education, tobacco cessation, healthy relationships, parenting education, mental health, wellness, puberty education, pregnancy and prenatal education, transportation, substance/alcohol abuse education, healthy relationships, nutrition, bullying, risky behavior education, oral health, education on dealing with conflict/developing coping skills, affordable health care, immunization, care coordination for those with health issues, emotional support/counseling
- **Program/policy implications:** Potential tie-ins to family planning activities and those of the STI prevention program, access to affordable health care

- **Children with special Health care needs (birth to 11 years of age)**
 - **Emerging issues:** Family education and support, access to services, adequate health insurance coverage, complex chronic condition management, care coordination, resources for rural areas
 - **Concerns:** Bullying, education on Parts B and C and Individualized Education Programs (IEPs), social development
 - **Unmet needs:** Adequate health insurance coverage, complicated care for this population, fragmented system of care, inadequate hospital discharge planning, care coordination, access to medical/dental/mental health and specialty services (occupational therapy, physical therapy, speech), parent education on knowledge of services/resources and needs of child/family, specialists with knowledge of underserved and impoverished populations, affordable care for those with chronic conditions, parent education on special needs child development, adequate insurance coverage, transportation, nutrition education, developmental screenings, oral health, proper nutrition, holistic IEPs, more resources for rural areas, support groups for parents/families with special health care needs children, basic family needs (food, shelter, clothing), respite care needs, access to specialty care (visually impaired children), more local specialists
 - **Program/policy implications:** Continue to look for ways to improve the health care system through integration and improved access to care and health insurance coverage, support for developing a comprehensive health care (mental/behavioral health, oral health, education and special services) system that has care coordination built in as an essential function, improved reimbursement for primary care providers

- **Youth with special health care needs (12-26 years of age)**
 - **Emerging issues:** Access and/or referral to services, adequate health insurance coverage, behavioral/mental health, family education and support, sexually transmitted infection (STI) prevention
 - **Concerns:** Chronic complex conditions, fragmented health care system
 - **Unmet needs:** primary care access, care coordination, parenting education, healthy relationships/healthy choices, transitions to adult care, mental health, child development for children with special health care needs, adequate insurance, dental care access, transportation, parenting education, in-home assistance for care-givers, adequate insurance coverage for durable medical equipment/supplies, nutrition/physical activity education, financial education/support, resources for rural areas, sex education, availability of post-High School workshops, employment opportunities, availability of adaptive technology/assistance, basic living skills/planning for future, respite and mental health support for parents, more local specialists

- ***Program/policy implications:*** Increases focus on access to health care and related services for this population, increase resources/support for rural areas, increase number of local specialists, greater use of adaptive and other technologies

Discussion and Implications

The state is very intentional in its collection of input/comment related to Maternal and Child Health Services. The programs/staff have been reviewing the input individually and as teams since the surveys closed. The information is being used in a number of ways: to identify major health concerns and emerging issues for MCH populations, to identify gaps in services across the state, to identify areas for education/health promotion/training across the state. The state MCH program has been sharing the results of the input surveys and continues to collect input, for purposes of writing this application but also on an ongoing basis throughout the year.

This year is especially important due to the work related to the five-year comprehensive statewide needs assessment which is underway. The program has shared results with the MCH Council, Infant Mortality Panel, School Nurses Organization, other Division of Public Health Bureaus, and other stakeholder groups including Universities assisting the Department with the Title V Needs Assessment. Ongoing communication with the local health departments/MCH grantees is planned; quarterly regional meetings are held across the state and Family Health/MCH staff are sharing updates/continuing to collect input at these meetings. Additionally, a public input executive summary is available. The MCH program has been strategic in aligning the Title V input with the state health assessment input to identify shared areas of need/strength.

Appendix A: Kansas Maternal and Child Health Partners

- Birth Centers
- Cerebral Palsy Research Foundation
- Children's Alliance
- Families Together
- Family Advisory Council
- High 5 for Mom and Baby
- Kansas Action for Children
- Kansas Breastfeeding Coalition
- Kansas Chapter of American Academy of Pediatrics
- Kansas Chapter of Family Physicians
- Kansas Children's Service League
- Kansas Department for Children and Families
- Kansas Foundation for Medical Care
- Kansas Health Foundation
- Kansas Maternal & Child Health Council members
- Kansas Perinatal Quality Collaborative members
- Kansas Public Health Leadership Institute and Core Public Health Programs
- Kansas University Medical Center/Kansas University
- KDHE Department of Public Health Directors/staff
- Kansas Infant Death and SIDS (KIDS) Network
- Local Health Department Administrators
- Managed care organizations
- March of Dimes
- MCH grantees/representatives
- Mother & Child Health Coalition of Greater Kansas City
- Newborn Hearing Advisory
- Newborn Screening Advisory
- Nutrition Physical Activity Collaborative
- School nurses
- State Children's Institutions
- Sunflower Foundation
- Teen Pregnancy Targeted Case Management and Pregnancy Maintenance Initiative grantees
- The Blue Ribbon Panel on Infant Mortality
- United Methodist Health Ministry Fund
- WIC Advisory Committee
- WIC grantees/representatives
- Youth Advisory Council